

<i>SERFF Tracking Number:</i>	<i>MTLC-127162755</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MTL Insurance Company</i>	<i>State Tracking Number:</i>	<i>49266</i>
<i>Company Tracking Number:</i>	<i>P44</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Flexible Premium Paid-Up Insurance Rider, et al</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: MTL Insurance Company	SERFF Tr Num: MTLC-127162755	State: Arkansas
Product Name: Flexible Premium Paid-Up Insurance Rider, et al		
TOI: L07I Individual Life - Whole	SERFF Status: Closed-Approved-Closed	State Tr Num: 49266
Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life	Co Tr Num: P44	State Status: Approved-Closed
Filing Type: Form	Author: Jamie Jensson	Reviewer(s): Linda Bird
	Date Submitted: 07/08/2011	Disposition Date: 07/13/2011
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

## General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type:
Submission Type: New Submission	Overall Rate Impact:
Filing Status Changed: 07/13/2011	
State Status Changed: 07/13/2011	Deemer Date:
Created By: Jamie Jensson	Submitted By: Jamie Jensson
Corresponding Filing Tracking Number:	
Filing Description:	
Form P44 is a Flexible Premium Paid-Up Additional Insurance Rider (sex distinct).	
Form P45 is a Flexible Premium Paid-Up Additional Insurance Rider (unisex).	
This rider will allow the insured to purchase Paid-Up Life Insurance each year to a maximum age of 80. It will be used with traditional life policies. These are new forms and do not replace any existing forms.	
Form 21-15D is a 2 year Paid-Up Insurance Disability Benefit Rider.	
Form 21-16D is a 5 year Paid-Up Insurance Disability Benefit Rider.	

SERFF Tracking Number: MTL-127162755 State: Arkansas  
 Filing Company: MTL Insurance Company State Tracking Number: 49266  
 Company Tracking Number: P44  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: Flexible Premium Paid-Up Insurance Rider, et al  
 Project Name/Number: /

This rider will credit the Benefit Amount as a premium to the Flexible Premium Paid-Up Additional Insurance Rider upon receipt of proof that the Insured has become totally disabled. These riders will be used with traditional life policies. These are new forms and do not replace any existing forms.

Form 21-13 is a 2 year Waiver of Premium Benefit Rider.

Form 21-14 is a 5 year Waiver of Premium Benefit Rider

The Waiver of Premium riders will waive premiums upon receipt of proof that the Insured has become totally disabled. They will be used with all traditional life and term policies. The issue age is 0-60, with a \$5 million maximum face amount per life. They are new forms and do not replace any existing forms.

## Company and Contact

### Filing Contact Information

Jamie Jensson, JenssonJ@mutualtrust.com  
 1200 Jorie Blvd 800-323-7320 [Phone] 5397 [Ext]  
 Oak Brook, IL 60523

### Filing Company Information

MTL Insurance Company CoCode: 66427 State of Domicile: Illinois  
 1200 Jorie Blvd. Group Code: Company Type: Life  
 Oak Brook, IL 60522 Group Name: State ID Number:  
 (800) 323-7320 ext. [Phone] FEIN Number: 36-1516780

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$300.00  
 Retaliatory? No  
 Fee Explanation: 6 forms @ \$50 ea  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MTL Insurance Company	\$300.00	07/08/2011	49570835

SERFF Tracking Number:	MTLC-127162755	State:	Arkansas
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TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.101 Fixed/Indeterminate Premium - Single Life
Product Name:	Flexible Premium Paid-Up Insurance Rider, et al		
Project Name/Number:	/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/13/2011	07/13/2011

<i>SERFF Tracking Number:</i>	<i>MTLC-127162755</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MTL Insurance Company</i>	<i>State Tracking Number:</i>	<i>49266</i>
<i>Company Tracking Number:</i>	<i>P44</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Flexible Premium Paid-Up Insurance Rider, et al</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Disposition

Disposition Date: 07/13/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MTLC-127162755 State: Arkansas

Filing Company: MTL Insurance Company State Tracking Number: 49266

Company Tracking Number: P44

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Flexible Premium Paid-Up Insurance Rider, et al

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statements of Variability		Yes
Supporting Document	Specifications page and Table of Values page		Yes
Form	Flexible Premium Paid-Up Insurance Rider (sex distinct)		Yes
Form	Flexible Premium Paid-Up Insurance Rider (unisex)		Yes
Form	Paid-Up Insurance Disability Benefit Rider (2 year)		Yes
Form	Paid-Up Insurance Disability Benefit Rider (5 year)		Yes
Form	Waiver of Premium Benefit Rider (2 year)		Yes
Form	Waiver of Premium Benefit Rider (5 year)		Yes

SERFF Tracking Number: MTL-127162755 State: Arkansas

Filing Company: MTL Insurance Company State Tracking Number: 49266

Company Tracking Number: P44

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Flexible Premium Paid-Up Insurance Rider, et al

Project Name/Number: /

## Form Schedule

### Lead Form Number: P44

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form P44	Certificate	Flexible Premium Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.540	P44 FP- PUAR.pdf
	Form P45	Certificate	Flexible Premium Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.430	P45 FP- PUAR, UNISEX.pdf
	21-15D	Certificate	Paid-Up Insurance Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.210	21-15D DBR 2 year.pdf
	21-16D	Certificate	Paid-Up Insurance Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.000	21-16D DBR 5 year.pdf
	21-13	Certificate	Waiver of Premium Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.750	21-13 BASE WP2.pdf

SERFF Tracking Number:	MTLC-127162755	State:	Arkansas
Filing Company:	MTL Insurance Company	State Tracking Number:	49266
Company Tracking Number:	P44		
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.101 Fixed/Indeterminate Premium - Single Life

Product Name:	Flexible Premium Paid-Up Insurance Rider, et al
Project Name/Number:	/

21-14	Certificate Waiver of Premium Initial Amendmen Benefit Rider (5 year) t, Insert Page, Endorseme nt or Rider	50.450	21-14 BASE WP5.pdf
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## **FLEXIBLE PREMIUM PAID-UP INSURANCE RIDER**

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The Company will pay the death benefit amount shown for this rider on Page 3 of the policy to which it is attached upon receipt of proof that the Insured died before termination of this rider, as long as the stipulated premium has been paid as demonstrated on Page 3 of this policy. The death benefit amount for this rider will be paid as part of the policy's death benefit. The policy's death benefit will be reduced by any policy loan. Premiums for this rider are payable for the period shown on Page 3 of this policy.

Each year in which this rider is in force, the Payor may elect to pay a premium amount other than the stipulated premium.

The total premium paid in one policy year must be:

1. Greater than or equal to the minimum annual premium as shown on Page 3 of this policy; *and*
2. Less than or equal to the maximum annual premium as shown on Page 3 of this policy.

The maximum annual premium will be reduced by any disability or waiver benefit payments applied to this rider.

The amount of insurance purchased will be calculated using the same method and attained age purchase rates as used for the stipulated premium amount purchases shown on Page 3 of this policy. No additional evidence of insurability will be required.

### **GENERAL PROVISIONS**

This rider will be incontestable after it has been in force during the lifetime of the Insured for 2 years from the Effective Date of this rider. Any suicide provision in the policy will also apply to this rider with the exclusion period beginning on the Effective Date of this rider. As a part of the policy, this rider is subject to all the provisions contained in the policy, except as provided in this rider.

### **EFFECTIVE DATE**

The Effective Date of this rider is \_\_\_\_\_.

If no date is shown, the Effective Date of this rider is the Date of Issue of the policy.

### **LOANS**

The cash value which the Company will loan will include the cash value of this rider. Any loan will be assigned to this rider in the same proportion to the total loan as the cash value of this rider is to the total cash value of the policy including the cash value of this rider. Policy loans from this rider may be taken during the first policy year.

### **NONFORFEITURE OPTION**

For this rider, each individual premium purchases paid-up insurance. If the annual minimum premium requirement is not met, only the ability to make future purchases is forfeited but the rider remains in force as paid-up insurance. The total amount of this paid-up insurance is the sum of all the paid-up insurance purchases as of the date which the annual minimum premium requirement was not met.

### **CASH SURRENDER**

Upon written request, this rider or any portion thereof may be surrendered for its cash surrender value. The cash surrender value is the cash value of this rider reduced by any policy loan assigned to this rider. The rider cash surrender value will be based on the then current net single premium for that insurance, less any policy loan assigned to the rider. The rider surrender value as of any policy anniversary will apply for 31 days after that date. Any cash surrender value available under this rider at any other time shall be calculated with allowance for lapse of time from the last preceding policy anniversary.

The Company may delay payment for not more than 6 months after a request is made for cash surrender. If payment is delayed for 30 days or more, interest at a rate of not less than 3% a year will be paid from the date of request to the date of payment. Any partial surrender will result in a reduction in this rider's death benefit.



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**FLEXIBLE PREMIUM PAID-UP INSURANCE RIDER (continued)**

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**REINSTATEMENT**

If the policy is reinstated and the minimum premium requirement for this rider has been met, the rider also may be reinstated. Evidence of insurability adequate to the Company may be required. This rider, or any portion of this rider, cannot be reinstated if it has been surrendered.

**DIVIDENDS**

This rider, while in force, will share in the divisible surplus of the Company. The share applicable to this rider will be determined annually by the Company. It will be credited to the policy as a dividend at the end of each policy year. Any dividend for this rider will be applied under the dividend option for the policy.

**BASIS OF VALUES**

The cash values, reserves, and net single premiums referred to in this rider are based on the Commissioners 2001 Standard Ordinary Mortality Tables, Aggregate, Male/Female, Ultimate scale, with ages based on age nearest birthday. Semi-continuous functions and an interest rate of 4.00% a year are used to calculate the cash values and reserves. As long as the stipulated premiums have been paid as demonstrated on Page 3 of this policy, the cash values of this rider are equal to the values shown on the rider specific Table of Values page of this policy on and after the policy anniversary specified. Values for policy years and premium amounts not shown are calculated on the same basis and will be supplied upon request.

The cash values of this rider equal or exceed those required by the laws of the state in which the policy is delivered as well as required by or pursuant to the NAIC Standard Nonforfeiture Law for Life Insurance. A detailed statement of the method of computing these values has been filed with the Interstate Compact Commission.

**MISSTATED AGE OR SEX**

If the age or sex of the Insured has been misstated, any amount payable under this rider will be that which the premium paid would have purchased at the correct age or sex.

**TERMINATION**

This rider will terminate:

1. Upon the termination or maturity of the policy; *or*
2. At the end of the grace period for an unpaid premium for the policy, except as provided under the rider's nonforfeiture option; *or*
3. By written request by the owner, on any premium due date for the policy, and return of policy for endorsement.

**MTL INSURANCE COMPANY**

By



**Sr. Vice President**

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## **FLEXIBLE PREMIUM PAID-UP INSURANCE RIDER**

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The Company will pay the death benefit amount shown for this rider on Page 3 of the policy to which it is attached upon receipt of proof that the Insured died before termination of this rider, as long as the stipulated premium has been paid as demonstrated on Page 3 of this policy. The death benefit amount for this rider will be paid as part of the policy's death benefit. The policy's death benefit will be reduced by any policy loan. Premiums for this rider are payable for the period shown on Page 3 of this policy.

Each year in which this rider is in force, the Payor may elect to pay a premium amount other than the stipulated premium.

The total premium paid in one policy year must be:

1. Greater than or equal to the minimum annual premium as shown on Page 3 of this policy; *and*
2. Less than or equal to the maximum annual premium as shown on Page 3 of this policy.

The maximum annual premium will be reduced by any disability or waiver benefit payments applied to this rider.

The amount of insurance purchased will be calculated using the same method and attained age purchase rates as used for the stipulated premium amount purchases shown on Page 3 of this policy. No additional evidence of insurability will be required.

### **GENERAL PROVISIONS**

This rider will be incontestable after it has been in force during the lifetime of the Insured for 2 years from the Effective Date of this rider. Any suicide provision in the policy will also apply to this rider with the exclusion period beginning on the Effective Date of this rider. As a part of the policy, this rider is subject to all the provisions contained in the policy, except as provided in this rider.

### **EFFECTIVE DATE**

The Effective Date of this rider is \_\_\_\_\_.

If no date is shown, the Effective Date of this rider is the Date of Issue of the policy.

### **LOANS**

The cash value which the Company will loan will include the cash value of this rider. Any loan will be assigned to this rider in the same proportion to the total loan as the cash value of this rider is to the total cash value of the policy including the cash value of this rider. Policy loans from this rider may be taken during the first policy year.

### **NONFORFEITURE OPTION**

For this rider, each individual premium purchases paid-up insurance. If the annual minimum premium requirement is not met, only the ability to make future purchases is forfeited but the rider remains in force as paid-up insurance. The total amount of this paid-up insurance is the sum of all the paid-up insurance purchases as of the date which the annual minimum premium requirement was not met.

### **CASH SURRENDER**

Upon written request, this rider or any portion thereof may be surrendered for its cash surrender value. The cash surrender value is the cash value of this rider reduced by any policy loan assigned to this rider. The rider cash surrender value will be based on the then current net single premium for that insurance, less any policy loan assigned to the rider. The rider surrender value as of any policy anniversary will apply for 31 days after that date. Any cash surrender value available under this rider at any other time shall be calculated with allowance for lapse of time from the last preceding policy anniversary.

The Company may delay payment for not more than 6 months after a request is made for cash surrender. If payment is delayed for 30 days or more, interest at a rate of not less than 3% a year will be paid from the date of request to the date of payment. Any partial surrender will result in a reduction in this rider's death benefit.

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## **FLEXIBLE PREMIUM PAID-UP INSURANCE RIDER (continued)**

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### **REINSTATEMENT**

If the policy is reinstated and the minimum premium requirement for this rider has been met, the rider also may be reinstated. Evidence of insurability adequate to the Company may be required. This rider, or any portion of this rider, cannot be reinstated if it has been surrendered.

### **DIVIDENDS**

This rider, while in force, will share in the divisible surplus of the Company. The share applicable to this rider will be determined annually by the Company. It will be credited to the policy as a dividend at the end of each policy year. Any dividend for this rider will be applied under the dividend option for the policy.

### **BASIS OF VALUES**

The cash values, reserves, and net single premiums referred for this rider are based on the Commissioners 2001 Standard Ordinary Mortality Tables, Aggregate, 80%M, Ultimate scale, with ages based on age nearest birthday. Semi-continuous functions and an interest rate of 4.00% a year are used to calculate the cash values and reserves. As long as the stipulated premium has been paid as demonstrated on Page 3 of this policy, the cash values of this rider are equal to the values shown on the rider specific Table of Values page of this policy on and after the policy anniversary specified. Values for policy years not shown and premium amounts not shown are calculated on the same basis and will be supplied upon request.

The cash values of this rider equal or exceed those required by the laws of the state in which the policy is delivered as well as required by or pursuant to the NAIC Standard Nonforfeiture Law for Life Insurance. A detailed statement of the method of computing these values has been filed with the Interstate Compact Commission.

### **MISSTATED AGE**

If the age of the Insured has been misstated, any amount payable under this rider will be that which the premium paid would have purchased at the correct age.

### **TERMINATION**

This rider will terminate:

1. Upon the termination or maturity of the policy; *or*
2. At the end of the grace period for an unpaid premium for the policy, except as provided under the rider's nonforfeiture option; *or*
3. By written request by the owner, on any premium due date for the policy, and return of policy for endorsement.

## **MTL INSURANCE COMPANY**

By



**Sr. Vice President**

## **PAID-UP INSURANCE DISABILITY BENEFIT RIDER**

This rider is part of the policy to which it is attached. The Disability Benefit Rider referred to in this form is specific only to the Paid-Up Insurance Rider to which it corresponds, as shown on Page 3 of the policy.

This rider is subject to all of the provisions of the policy except where changed by this rider. This benefit rider does not have cash value or loan value.

### **BENEFIT**

Upon receipt of proof that the Insured has become totally disabled, the Company will credit the Benefit Amount as a premium to the corresponding Paid-Up Insurance Rider, as shown on Page 3 of the policy. The Benefit Amount will be credited on the premium mode in effect when disability begins. The Benefit Amount will be credited on each modal anniversary day. If the premium mode at the time of disability is different from the premium mode shown on Page 3 of the policy, an equal Benefit Amount for the new mode will be calculated and applied.

The Company will credit the Benefit Amount during the continuance of the disability. Amounts credited will not be deducted from the policy proceeds.

In order for the Benefit Amount to be credited:

1. This rider must be in force at the time of total disability.
2. The corresponding Paid-Up Insurance Rider must be in force at the time of total disability.

### **BENEFIT AMOUNT**

The Benefit Amount is shown on Page 3 of this policy.

### **BENEFIT PERIOD**

The Benefit Period is shown on Page 3 of this policy.

No benefit will be credited beyond:

1. The end of the Benefit Period; *or*
2. Before the Insured's 5th birthday.

### **MEANING OF TOTAL DISABILITY**

Total disability means disability which:

1. Resulted from bodily injury or disease; *and*
2. Began after the date of issue of this rider; *and*
3. Has continued for 4 months; *and*
4. Continuously prevents the Insured from performing with reasonable continuity the major duties of his or her usual occupation.

"Occupation" means:

1. During the first 24 months of total disability, the occupation of the Insured when disability began; *and*
2. After 24 months, any other occupation in which the Insured could be reasonably expected to perform adequately considering his or her age, education, training, experience, and physical and mental capacity.

Total disability also includes the entire loss of:

1. Sight of both eyes; *or*
2. Use of both hands or both feet; *or*
3. Use of one hand and one foot.

These conditions must occur or become manifest while this benefit rider is in force.

If total disability begins during a grace period, payment of the overdue premium is required. Non payment before the company approves the disability benefit claim could cause a lapse of insurance.

## **NOTICE OF DISABILITY**

Benefit Amounts will not be credited unless written notice of total disability is received by us:

1. During the lifetime of the Insured; and
2. While total disability continues; and
3. Not later than 1 year after the end of the Benefit Period.

If it is shown that notice was given as soon as reasonably possible, failure to give notice within the specified time will not disqualify a claim.

## **PROOF OF CONTINUANCE**

Proof that a disability is continuing may be required as follows:

1. During the 1st year after approval of a claim, proof may be required at reasonable intervals. These intervals will not occur more than once every 30 days.
2. After the 1st year after approval of a claim, proof may be required once a year.

Proof may include medical examinations of the Insured by physicians chosen by the Company, at the Company's expense. If the Insured does not provide proof that a disability is continuing, no further Benefit Amounts will be credited.

## **TERMINATION**

This rider will terminate and no further benefits will be payable on the earliest of the following:

1. At the end of the Benefit Period for this rider, as shown on Page 3 of the policy; *or*
2. Upon the termination or maturity of the policy; *or*
3. Upon the termination or maturity of the corresponding Paid-Up Insurance Rider; *or*
4. At the end of the grace period for an unpaid premium, unless total disability began in that grace period.
5. By written request from the owner.

## **MTL INSURANCE COMPANY**

By



**Sr. Vice President**

## **PAID-UP INSURANCE DISABILITY BENEFIT RIDER**

This rider is part of the policy to which it is attached. The Disability Benefit Rider referred to in this form is specific only to the Paid-Up Insurance Rider to which it corresponds, as shown on Page 3 of the policy.

This rider is subject to all of the provisions of the policy except where changed by this rider. This benefit rider does not have cash value or loan value.

### **BENEFIT**

Upon receipt of proof that the Insured has become totally disabled, the Company will credit the Benefit Amount as a premium to the corresponding Paid-Up Insurance Rider as shown on Page 3 of the policy. The Benefit Amount will be credited on the premium mode in effect when disability begins. The Benefit Amount will be credited on each modal anniversary day. If the premium mode at the time of disability is different from the premium mode shown on Page 3 of the policy, an equal Benefit Amount for the new mode will be calculated and applied.

The Company will credit the Benefit Amount during the continuance of the disability. Amounts credited will not be deducted from the policy proceeds.

In order for the Benefit Amount to be credited:

1. This rider must be in force at the time of total disability.
2. The corresponding Paid-Up Insurance Rider must be in force at the time of total disability.

### **BENEFIT AMOUNT**

The Benefit Amount is shown on Page 3 of this policy.

### **BENEFIT PERIOD**

The Benefit Period is shown on Page 3 of this policy.

No benefit will be credited beyond:

1. The end of the Benefit Period; *or*
2. Before the Insured's 5th birthday.

### **MEANING OF TOTAL DISABILITY**

Total disability means disability which:

1. Resulted from bodily injury or disease; *and*
2. Began after the date of issue of this rider; *and*
3. Has continued for 4 months; *and*
4. Continuously prevents the Insured from performing with reasonable continuity the major duties of his or her usual occupation.

"Occupation" means:

1. During the first 5 years of total disability, the occupation of the Insured when disability began; *and*
2. After 5 years, any other occupation in which the Insured could be reasonably expected to perform adequately considering his or her age, education, training, experience, and physical and mental capacity.

Total disability also includes the entire loss of:

1. Sight of both eyes; *or*
2. Use of both hands or both feet; *or*
3. Use of one hand and one foot.

These conditions must occur or become manifest while this benefit rider is in force.

If total disability begins during a grace period, payment of the overdue premium is required. Non payment before the company approves the disability benefit claim could cause a lapse of insurance.

## **NOTICE OF DISABILITY**

Benefit Amounts will not be credited unless written notice of total disability is received by us:

1. During the lifetime of the Insured; and
2. While total disability continues; and
3. Not later than 1 year after the end of the Benefit Period.

If it is shown that notice was given as soon as reasonably possible, failure to give notice within the specified time will not disqualify a claim.

## **PROOF OF CONTINUANCE**

Proof that a disability is continuing may be required as follows:

1. During the 1st year after approval of a claim, proof may be required at reasonable intervals. These intervals will not occur more than once every 30 days.
2. After the 1st year after approval of a claim, proof may be required once a year.

Proof may include medical examinations of the Insured by physicians chosen by the Company, at the Company's expense. If the Insured does not provide proof that a disability is continuing, no further Benefit Amounts will be credited.

## **TERMINATION**

This rider will terminate and no further benefits will be payable on the earliest of the following:

1. At the end of the Benefit Period for this rider, as shown on Page 3 of the policy; *or*
2. Upon the termination or maturity of the policy; *or*
3. Upon the termination or maturity of the corresponding Paid-Up Insurance Rider; *or*
4. At the end of the grace period for an unpaid premium, unless total disability began in that grace period.
5. By written request from the owner.

## **MTL INSURANCE COMPANY**

By



**Sr. Vice President**

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## WAIVER OF PREMIUM BENEFIT RIDER

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This benefit rider is part of the policy to which it is attached. This rider is subject to all of the provisions of the policy except where changed by this form. This rider has neither cash value nor loan value.

### BENEFIT

The Company will waive premiums upon receipt of proof that the Insured has become totally disabled. The Company will waive premiums during the continuance of the disability. If the disability begins on or after the policy anniversary nearest the Insured's 60<sup>th</sup> birthday, premiums shall not be waived beyond the policy anniversary nearest the Insured's 65<sup>th</sup> birthday.

Waiver of premium will start with the first premium due on or after the later of:

1. The date the insured reaches attained age 5; *and*
2. The date on which all requirements of total disability have been met.

Premiums will be waived on the payment mode in effect when disability begins. Premiums waived will not be deducted from the policy proceeds.

### REFUND OF PREMIUM

Upon approval of a claim, the Company will refund any premium paid during total disability. Until the company approves a claim, premium payments are required when due to avoid a lapse of insurance.

### MEANING OF TOTAL DISABILITY

Total disability means disability which:

1. Resulted from bodily injury or disease; *and*
2. Began after the date of issue of this policy; *and*
3. Has continued for 4 months; *and*
4. Continuously prevents the Insured from performing with reasonable continuity the major duties of his or her usual occupation.

"Occupation" means:

1. During the first 24 months of total disability, the occupation of the Insured when disability began; *and*
2. After 24 months, any other occupation in which the Insured could be reasonably expected to perform satisfactorily considering his or her age, education, training, experience, and physical and mental capacity.

Total disability also includes the entire loss of:

1. Sight of both eyes; *or*
2. Use of both hands or both feet; *or*
3. Use of one hand and one foot.

These conditions must occur or become manifest while this benefit rider is in force.

If total disability begins during a grace period, payment of the overdue premium is required. Non payment before the company approves the waiver claim could cause a lapse of insurance.



## NOTICE OF DISABILITY

Premiums will not be waived unless written notice of total disability is received by the Company:

1. During the lifetime of the Insured; *and*
2. While total disability continues; *and*
3. Not later than 1 year after the policy anniversary nearest the Insured's 65th birthday.

If it is shown that notice was given as soon as reasonably possible, failure to give notice within the specified time will not disqualify a claim.

## PROOF OF CONTINUANCE

Proof that a disability is continuing may be required as follows:

1. During the first year after approval of a claim, proof may be required at reasonable intervals. These intervals will not be more frequent than once every 30 days.
2. After the first year after approval of a claim, proof may be required once a year.

Proof may include medical examinations of the Insured by physicians chosen by the Company, at the Company's expense. If the Insured does not provide proof that a disability is continuing, no further premiums will be waived.

## TERMINATION

This rider will terminate and no further benefits will be payable:

1. On the policy anniversary nearest the Insured's 65th birthday; *or*
2. Upon the termination or maturity of this policy; *or*
3. At the end of the grace period for an unpaid premium; *or*
4. By written request from the owner.

## MTL INSURANCE COMPANY

By



**Sr. Vice President**

---

## WAIVER OF PREMIUM BENEFIT RIDER

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This benefit rider is part of the policy to which it is attached. This rider is subject to all of the provisions of the policy except where changed by this form. This rider has neither cash value nor loan value.

### BENEFIT

The Company will waive premiums upon receipt of proof that the Insured has become totally disabled. The Company will waive premiums during the continuance of the disability. If the disability begins on or after the policy anniversary nearest the Insured's 60<sup>th</sup> birthday, premiums shall not be waived beyond the policy anniversary nearest the Insured's 65<sup>th</sup> birthday.

Waiver of premium will start with the first premium due on or after the later of:

1. The date the insured reaches attained age 5; *and*
2. The date on which all requirements of total disability have been met.

Premiums will be waived on the payment mode in effect when disability begins. Premiums waived will not be deducted from the policy proceeds.

### REFUND OF PREMIUM

Upon approval of a claim, the Company will refund any premium paid during total disability. Until the company approves a claim, premium payments are required when due to avoid a lapse of insurance.

### MEANING OF TOTAL DISABILITY

Total disability means disability which:

1. Resulted from bodily injury or disease; *and*
2. Began after the date of issue of this policy; *and*
3. Has continued for 4 months; *and*
4. Continuously prevents the Insured from performing with reasonable continuity the major duties of his or her usual occupation.

"Occupation" means:

1. During the first 5 years of total disability, the occupation of the Insured when disability began; *and*
2. After 5 years, any other occupation in which the Insured could be reasonably expected to perform satisfactorily considering his or her age, education, training, experience, and physical and mental capacity.

Total disability also includes the entire loss of:

1. Sight of both eyes; *or*
2. Use of both hands or both feet; *or*
3. Use of one hand and one foot.

These conditions must occur or become manifest while this benefit rider is in force.

If total disability begins during a grace period, payment of the overdue premium is required. Non payment before the company approves the waiver claim could cause a lapse of insurance.

## NOTICE OF DISABILITY

Premiums will not be waived unless written notice of total disability is received by the Company:

1. During the lifetime of the Insured; *and*
2. While total disability continues; *and*
3. Not later than 1 year after the policy anniversary nearest the Insured's 65th birthday.

If it is shown that notice was given as soon as reasonably possible, failure to give notice within the specified time will not disqualify a claim.

## PROOF OF CONTINUANCE

Proof that a disability is continuing may be required as follows:

1. During the first year after approval of a claim, proof may be required at reasonable intervals. These intervals will not be more frequent than once every 30 days.
2. After the first year after approval of a claim, proof may be required once a year.

Proof may include medical examinations of the Insured by physicians chosen by the Company, at the Company's expense. If the Insured does not provide proof that a disability is continuing, no further premiums will be waived.

## TERMINATION

This rider will terminate and no further benefits will be payable:

1. On the policy anniversary nearest the Insured's 65th birthday; *or*
2. Upon the termination or maturity of this policy; *or*
3. At the end of the grace period for an unpaid premium; *or*
4. By written request from the owner.

## MTL INSURANCE COMPANY

By



**Sr. Vice President**

<i>SERFF Tracking Number:</i>	<i>MTLC-127162755</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MTL Insurance Company</i>	<i>State Tracking Number:</i>	<i>49266</i>
<i>Company Tracking Number:</i>	<i>P44</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Flexible Premium Paid-Up Insurance Rider, et al</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachments:</b> STATE OF ARKANSAS compliance form.pdf CERTIFICATE OF READABILITY.pdf		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> N/A - rider filing only <b>Comments:</b>		
<b>Satisfied - Item:</b> Life & Annuity - Actuarial Memo <b>Comments:</b> <b>Attachments:</b> P44 Actuarial Memo.pdf P45 Actuarial Memo.pdf		
<b>Satisfied - Item:</b> Statements of Variability <b>Comments:</b> <b>Attachments:</b> Variability items for Form 21-15D.pdf Variability items for Form 21-16D.pdf Variability items for Form P44.pdf Variability items for Form P45.pdf		

<i>SERFF Tracking Number:</i>	<i>MTLC-127162755</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MTL Insurance Company</i>	<i>State Tracking Number:</i>	<i>49266</i>
<i>Company Tracking Number:</i>	<i>P44</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Flexible Premium Paid-Up Insurance Rider, et al</i>		
<i>Project Name/Number:</i>	<i>/</i>		

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Specifications page and Table of Values page

**Comments:**

**Attachments:**

P44 SPEC PAGE 3 AGE35.pdf  
P44 Table of Values AGE35.pdf  
P45 SPEC PAGE 3 AGE35.pdf  
P45 Table of Values AGE35.pdf

**STATE OF ARKANSAS**  
**CERTIFICATION OF COMPLIANCE**

**Company Name:** MTL Insurance Company

**Form Title(s):** Flexible Premium Paid-Up Insurance Rider  
Paid-Up Insurance Disability Benefit Rider  
Waiver of Premium Benefit Rider

**Form Numbers(s):** P44, P45  
21-15D, 21-16D  
21-13, 21-14

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19 and 49, as well as the other laws and regulations of the State of Arkansas.

**Roger L.  
Barth**

Digitally signed by Roger L. Barth  
DN: cn=Roger L. Barth, o=MTL  
Insurance Co, ou=Vice President,  
Product Development,  
email=BarthR@mutualtrust.com,  
c=US  
Date: 2011.07.07 13:39:32 -05'00'

---

Roger L. Barth, FSA, MAAA  
Vice President

July 7, 2011  
Date

## CERTIFICATE OF READABILITY

MTL Insurance Company by Roger L. Barth, Vice President, Product Development, does hereby certify that the accompanying forms identified by the listing below, have the scores listed, which were calculated using the Flesch Reading Ease Test, and are readable under the standards of said test.

<u>FORM</u>	<u>FLESCH SCORE</u>
P44	50.54
P45	50.43
21-15D	50.21
21-16D	50.00
21-13	50.75
21-14	50.45

MTL INSURANCE COMPANY

By: **Roger L. Barth**  
Roger L. Barth, FSA, MAAA  
Vice President

Digitally signed by Roger L. Barth  
DN: cn=Roger L. Barth, o=MTL  
Insurance Co, ou=Vice President,  
Product Development,  
email=BarthR@mutualtrust.com,  
c=US  
Date: 2011.07.08 09:42:03 -05'00'

Dated: July 8, 2011

## **Statement of Variability for Form 21-15D**

### **General Bracketed items on Page 3**


- 1.) Insured: Name of Insured
- 2.) Issue Age: Minimum – 0  
Maximum – 58  
Actual used is Insured's Age Nearest Birthday on the Date of Issue
- 3.) Sex: Male or Female
- 4.) Premium Class: Standard (for unrated policies)  
Special (for rated policies including table extra premium and/or flat extra premium)  
Actual determined by Underwriting
- 5.) Face Amount: Minimum – Amount purchased by \$50.00 annual premium  
Maximum – No Limit  
Selected by Insured subject to Underwriting
- 6.) Premium Mode: Monthly, Quarterly, Semi-Annual, or Annual
- 7.) Class: Non-Tobacco, Pref Non-Tobacco, Tobacco, Pref-Tobacco,  
or Standard (for Juveniles, Ages 0-17)  
Actual determined by underwriting, smoking status, and issue age

### **Specific Bracketed items on Page 3 for Flexible Premium Paid-Up Insurance Disability Rider**

- 8.) [Modal] Benefit Amount: Disability Benefit provided each mode, if disabled  
Minimum: \$80  
Maximum: \$15,000 or the Flexible Premium Paid-Up Insurance Rider Maximum Annual Premium  
Selected by Insured on Application
- 9.) Expiry Date: Date when the Benefit Term ends (when coverage ends)
- 10.) Annual Premium: Annual Premium for Age, Benefit Amount and Class
- 11.) Years Payable: Equal to the Benefit Term
- 12.) Benefit Term: Term when Disability Benefit is active.  
Minimum: 7 years  
Maximum: Minimum of 20 years, to Age 65, or the Years Payable on the Flexible Premium Paid-Up Insurance Rider  
Selected by Insured on Application



All Bracketed items will not change for a policy once it is issued as long as the policy is in force.

Signature: **Roger L.  
Barth**  Digitally signed by Roger L. Barth  
DN: cn=Roger L. Barth, o=MTL  
Insurance Co, ou=Vice President,  
Product Development,  
email=BarthR@mutualtrust.com, c=US  
Date: 2011.07.07 14:52:06 -05'00'

**Roger L. Barth**

Date: July 7, 2011

## **Statement of Variability for Form 21-16D**

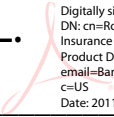
### **General Bracketed items on Page 3**

- 1.) Insured: Name of Insured
- 2.) Issue Age: Minimum – 0  
Maximum – 58  
Actual used is Insured's Age Nearest Birthday on the Date of Issue
- 3.) Sex: Male or Female
- 4.) Premium Class: Standard (for unrated policies)  
Special (for rated policies including table extra premium and/or flat extra premium)  
Actual determined by Underwriting
- 5.) Face Amount: Minimum – Amount purchased by \$50.00 annual premium  
Maximum – No Limit  
Selected by Insured subject to Underwriting
- 6.) Premium Mode: Monthly, Quarterly, Semi-Annual, or Annual
- 7.) Class: Non-Tobacco, Pref Non-Tobacco, Tobacco, Pref-Tobacco,  
or Standard (for Juveniles, Ages 0-17)  
Actual determined by underwriting, smoking status, and issue age

### **Specific Bracketed items on Page 3 for Flexible Premium Paid-Up Insurance Disability Rider**

- 8.) [Modal] Benefit Amount: Disability Benefit provided each mode, if disabled  
Minimum: \$80  
Maximum: \$15,000 or the Flexible Premium Paid-Up Insurance Rider Maximum Annual Premium  
Selected by Insured on Application
- 9.) Expiry Date: Date when the Benefit Term ends (when coverage ends)
- 10.) Annual Premium: Annual Premium for Age, Benefit Amount and Class
- 11.) Years Payable: Equal to the Benefit Term
- 12.) Benefit Term: Term when Disability Benefit is active.  
Minimum: 7 years  
Maximum: Minimum of 20 years, to Age 65, or the Years Payable on the Flexible Premium Paid-Up Insurance Rider  
Selected by Insured on Application

All Bracketed items will not change for a policy once it is issued as long as the policy is in force.

Signature: **Roger L. Barth**  
  
\_\_\_\_\_  
Roger L. Barth

Digitally signed by Roger L. Barth  
DN: cn=Roger L. Barth, o=MTL  
Insurance Co, ou=Vice President,  
Product Development,  
email=BarthR@mutualtrust.com,  
c=US  
Date: 2011.07.07 14:52:50 -05'00'

Date: July 7, 2011

## **Statement of Variability for Form P44**

### **General Bracketed items on Page 3**

- 1.) Insured: Name of Insured
- 2.) Issue Age: Minimum – 0  
Maximum – 75  
Actual used is Insured's Age Nearest Birthday on the Date of Issue
- 3.) Sex: Male or Female
- 4.) Premium Class: Standard (for unrated policies)  
Special (for rated policies including table extra premium and/or flat extra premium)  
Actual determined by Underwriting
- 5.) Face Amount: Minimum – Amount purchased by \$50.00 annual premium  
Maximum – No Limit  
Selected by Insured subject to Underwriting
- 6.) Premium Mode: Monthly, Quarterly, Semi-Annual, or Annual
- 7.) Class: Non-Tobacco , Pref Non-Tobacco, Tobacco, Pref-Tobacco,  
or Standard (for Juveniles, Ages 0-17)  
Actual determined by underwriting, smoking status, and issue age

### **Specific Bracketed items on Page 3 for Flexible Premium Paid-Up Insurance Rider**

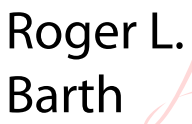
- 8.) Maturity Date: Date when the Insured reaches age 121
- 9.) Years Payable: Minimum: 1 year of premium  
Maximum: Payable to attained age 80  
Selected by Insured on Application
- 10.) Annual Premium: Annual Premium for Age, Face Amount and Class  
For this rider, the Initial Premium and the Subsequent Annual Premiums are shown.
- 11.) Initial Face Amount: Minimum – Amount purchased by \$50.00 annual premium  
Maximum – No Limit  
Selected by Insured subject to Underwriting  
Actual value is the Face Amount purchased with initial Flexible Premium Paid-Up Insurance Rider premium.
- 12.) Stipulated [Modal] Premium: Minimum – \$4.00  
Maximum – Maximum [Modal] Premium  
Selected by Insured on Application

- 13.) Minimum Annual Premium: Minimum –\$50  
Maximum – Maximum Annual Premium
- 14.) Maximum Annual Premium: Minimum – Maximum of \$100 or Stipulated [Modal]  
Premium  
Maximum – Subject to Underwriting  
Selected by Insured on Application, subject to  
Underwriting

**Specific Bracketed items on Continuation of Page 3 for Flexible Premium Paid-Up Insurance Rider**

- 15.) Stipulated Premium Mode: Monthly, Quarterly, Semi-Annual, or Annual
- 16.) Minimum Annual Premium: Minimum –\$50  
Maximum – Maximum Annual Premium
- 17.) Maximum Annual Premium: Minimum – Maximum of \$100 or Stipulated [Modal]  
Premium  
Maximum – Subject to Underwriting  
Selected by Insured on Application, subject to  
Underwriting
- 18.) Schedule of Initial and Stipulated Modal Premiums and Death Benefits:  
-This section shows the total Initial & Stipulated Modal Premiums paid in each year and the Death Benefits that correspond to those premium payments. Years Payable and Stipulated Premium amounts shown are selected by the Insured.

All Bracketed items will not change for a policy once it is issued as long as the policy is in force.

Signature:  Digitally signed by Roger L. Barth  
DN: cn=Roger L. Barth, o=MTL  
Insurance Co, ou=Vice President,  
Product Development,  
email=BarthR@mutualtrust.com,  
c=US  
Date: 2011.07.07 14:53:45 -05'00'  
Roger L. Barth

Date: July 7, 2011

## **Statement of Variability for Form P45**

### **General Bracketed items on Page 3**

- 1.) Insured: Name of Insured
- 2.) Issue Age: Minimum – 0  
Maximum – 75  
Actual used is Insured's Age Nearest Birthday on the Date of Issue
- 3.) Premium Class: Standard (for unrated policies)  
Special (for rated policies including table extra premium and/or flat extra premium)  
Actual determined by Underwriting
- 4.) Face Amount: Minimum – Amount purchased by \$50.00 annual premium  
Maximum – No Limit  
Selected by Insured subject to Underwriting
- 5.) Premium Mode: Monthly, Quarterly, Semi-Annual, or Annual
- 6.) Class: Non-Tobacco , Pref Non-Tobacco, Tobacco, Pref-Tobacco,  
or Standard (for Juveniles, Ages 0-17)  
Actual determined by underwriting, smoking status, and issue age

### **Specific Bracketed items on Page 3 for Flexible Premium Paid-Up Insurance Rider**

- 7.) Maturity Date: Date when the Insured reaches age 121
- 8.) Years Payable: Minimum: 1 year of premium  
Maximum: Payable to attained age 80  
Selected by Insured on Application
- 9.) Annual Premium: Annual Premium for Age, Face Amount and Class  
For this rider, the Initial Premium and the Subsequent Annual Premiums are shown.
- 10.) Initial Face Amount: Minimum – Amount purchased by \$50.00 annual premium  
Maximum – No Limit  
Selected by Insured subject to Underwriting  
Actual value is the Face Amount purchased with initial Flexible Premium Paid-Up Insurance Rider premium.
- 11.) Stipulated [Modal] Premium: Minimum – \$4.00  
Maximum – Maximum [Modal] Premium  
Selected by Insured on Application
- 12.) Minimum Annual Premium: Minimum –\$50

Maximum – Maximum Annual Premium

- 13.) Maximum Annual Premium: Minimum – Maximum of \$100 or Stipulated [Modal] Premium  
Maximum – Subject to Underwriting  
Selected by Insured on Application, subject to Underwriting

**Specific Bracketed items on Continuation of Page 3 for Flexible Premium Paid-Up Insurance Rider**

- 14.) Stipulated Premium Mode: Monthly, Quarterly, Semi-Annual, or Annual
- 15.) Minimum Annual Premium: Minimum – \$50  
Maximum – Maximum Annual Premium
- 16.) Maximum Annual Premium: Minimum – Maximum of \$100 or Stipulated [Modal] Premium  
Maximum – Subject to Underwriting  
Selected by Insured on Application, subject to Underwriting
- 17.) Schedule of Initial and Stipulated Modal Premiums and Death Benefits:  
-This section shows the total Initial & Stipulated Modal Premiums paid in each year and the Death Benefits that correspond to those premium payments. Years Payable and Stipulated Premium amounts shown are selected by the Insured.

All Bracketed items will not change for a policy once it is issued as long as the policy is in force.

Signature: **Roger L. Barth**  
\_\_\_\_\_  
Roger L. Barth

Digitally signed by Roger L. Barth  
DN: cn=Roger L. Barth, o=MTL  
Insurance Co, ou=Vice President,  
Product Development,  
email=Barth@mutualtrust.com,  
c=US  
Date: 2011.07.07 14:54:30 -05'00'

Date: July 7, 2011

## POLICY SPECIFICATIONS

### INSURED INFORMATION

Policy Number: [999999999A]	Date of Issue: [January 07, 2011]
Insured: [John Trust]	Face Amount: [\$515,500.00]
Issue Age: [35]	Premium Mode: [Quarterly]
Sex: [Male]	Annual Policy Fee: [\$50.00]
Premium Class: [Standard]	Class: [ Non-Tobacco]

**Beneficiary is as stated in the application, unless subsequently changed.**  
**Owner is as stated in the application, unless subsequently changed.**  
**Dividends are not guaranteed.**

### SCHEDULE OF BENEFITS AND PREMIUMS

Basic Plan	Plan Description	Face Amount	Maturity Date or Expiry Date	Annual Premium	Years Payable
[1BJ]	[Life Paid Up At 90]	[\$500,000.00]	[January 07, 2097]	[\$6,200.00]	[55]

#### Additional Benefits

Form Number	Plan Description	Face Amount	Maturity Date or Expiry Date	Annual Premium	Years Payable
<b>Associated with the Primary Insured</b>					
21-13	Waiver of Premium		[January 07, 2041]	[265.00]	[30]

<b>Name:</b> [John Trust]	<b>Age:</b> [35]	<b>Sex:</b> [Male]	<b>Class:</b> [Non-Tobacco]
2 P44	Flexible Premium Paid-Up Insurance Rider		[January 07, 2097] [30]
	Initial Face Amount:	[\$15,500.00]	[3,396.52] [1]
	Subsequent Face Amounts:	See Schedule	[2,629.56] [30]
	(Stipulated [Quarterly] Premium: [\$657.39])		
	Flexible Premium Paid-Up Insurance Rider Limits:		
	Minimum Annual Premium:	[\$100.00]	
	Maximum Annual Premium:	[\$27,500.00]	
21-15D	Flexible Premium Paid-Up Insurance Disability Benefit Rider ([Quarterly] Benefit Amount: [\$2,500.00]) (Benefit Term is [20] Years.)		[January 07, 2031] [87.00] [20]

Total Annual Premium:	[ \$9,181.56]
Initial Flexible Premium:	[ \$3,396.52]

Loan Interest Rate is Variable.

[Illinois] Dept of Insurance Telephone Number: [1-800-###-####]



**Continuation of Page 3**

Insured: [John Trust]

Policy Number: [999999999A]

Covered Insured: [John Trust]

Additional Benefit: (2) P44 - Flexible Premium Paid-Up Insurance Rider

Stipulated Premium Mode: [Quarterly]

**Flexible Premium Paid-Up Insurance Rider Premium Limits:**

Minimum Annual Premium: [\$100.00] Maximum Annual Premium: [\$27,500.00]

**Schedule of Initial and Stipulated Modal Premiums and Death Benefits for Flexible Premium Paid-Up Insurance Rider  
assuming premium payments are made at the beginning of each modal period.**

<b>Attained Age</b>	<b>Initial/ Stipulated Annual Premium</b>	<b>Death Benefit Amount</b>	<b>Attained Age</b>	<b>Stipulated Annual Premium</b>	<b>Death Benefit Amount</b>	<b>Attained Age</b>	<b>Stipulated Annual Premium</b>	<b>Death Benefit Amount</b>
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[61]	[\$2,629.56]	[\$214,937.75]	[90]	[\$0.00]	[\$234,776.36]	[119]	[\$0.00]	[\$234,776.36]
[62]	[\$2,629.56]	[\$220,104.69]	[91]	[\$0.00]	[\$234,776.36]	[120]	[\$0.00]	[\$234,776.36]
[63]	[\$2,629.56]	[\$225,128.69]	[92]	[\$0.00]	[\$234,776.36]	[121]	[\$0.00]	[\$234,776.36]
[64]	[\$2,629.56]	[\$230,016.89]	[93]	[\$0.00]	[\$234,776.36]			

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TABLE OF VALUES

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999999999A

For explanation, see Non-Forfeiture and Basis of Values Provisions. These values assume no policy loans and no credits resulting from dividends or paid-up additions. The values shown are based on the initial premium and stipulated modal premiums paid at the beginning of each modal period. Values for other dates will be furnished upon request

End Of Policy Year	Attained Age	Cash Value	Paid - Up Insurance
1	[36]	[\$3,381.33]	[\$15,500.02]
2	[37]	[\$6,118.57]	[\$27,090.11]
3	[38]	[\$8,952.94]	[\$38,284.97]
4	[39]	[\$11,885.48]	[\$49,097.31]
5	[40]	[\$14,920.04]	[\$59,542.02]
6	[41]	[\$18,059.17]	[\$69,632.43]
7	[42]	[\$21,304.45]	[\$79,381.65]
8	[43]	[\$24,656.91]	[\$88,802.54]
9	[44]	[\$28,118.37]	[\$97,908.61]
10	[45]	[\$31,688.29]	[\$106,712.55]
11	[46]	[\$35,366.67]	[\$115,227.14]
12	[47]	[\$39,159.35]	[\$123,464.85]
13	[48]	[\$43,067.83]	[\$131,436.60]
14	[49]	[\$47,103.26]	[\$139,152.90]
15	[50]	[\$51,272.38]	[\$146,622.39]
16	[51]	[\$55,571.63]	[\$153,852.81]
17	[52]	[\$60,001.33]	[\$160,852.84]
18	[53]	[\$64,554.74]	[\$167,631.10]
19	[54]	[\$69,232.77]	[\$174,196.79]
20	[55]	[\$74,025.39]	[\$180,558.53]
At Attained Age	[55]	[\$74,025.39]	[\$180,558.53]
At Attained Age	[60]	[\$99,687.36]	[\$209,621.00]
At Attained Age	[65]	[\$128,011.81]	[\$234,776.36]

## POLICY SPECIFICATIONS

### INSURED INFORMATION

Policy Number: [999999988A]	Date of Issue:	[January 07, 2011]
Insured: [John Trust]	Face Amount:	[\$515,500.00]
Issue Age: [35]	Premium Mode:	[Quarterly]
Premium Class: [Standard]	Annual Policy Fee:	[\$50.00]
	Class:	[Non-Tobacco]

**Beneficiary is as stated in the application, unless subsequently changed.**  
**Owner is as stated in the application, unless subsequently changed.**  
**Dividends are not guaranteed.**

### SCHEDULE OF BENEFITS AND PREMIUMS

Basic Plan	Plan Description	Face Amount	Maturity Date or Expiry Date	Annual Premium	Years Payable
[1BK]	[Life Paid Up At 90]	[\$500,00.00]	[January 07, 2097]	[\$6,030.00]	[55]

#### Additional Benefits

Form Number	Plan Description	Face Amount	Maturity Date or Expiry Date	Annual Premium	Years Payable
<b>Associated with the Primary Insured</b>					
21-14	Waiver of Premium		[January 07, 2041]	[320.00]	[30]

Name: [John Trust]	Age: [35]	Class: [Non-Tobacco]
2 P45	Flexible Premium Paid-Up Insurance Rider	[January 07, 2097]
	Initial Face Amount: [\$15,500.00]	[30]
	Subsequent Face Amounts: See Schedule	[3,316.07] [1]
	(Stipulated [Quarterly Premium]: [\$588.34])	[2,353.34] [30]
	Flexible Premium Paid-Up Insurance Rider Premium Limits:	
	Minimum Annual Premium: [\$100.00]	
	Maximum Annual Premium: [\$27,500.00]	
21-16D	Flexible Premium Paid-Up Insurance Disability Benefit Rider ([Quarterly] Benefit Amount: [\$2,500.00]) (Benefit Term is [20] Years.)	[January 07, 2031]
		[104.00] [20]

Total Annual Premium:	[\$8,807.34]
Initial Flexible Premium:	[\$3,316.07]

Loan Interest Rate is Variable.

[Montana] Dept of Insurance Telephone Number: [1-800-###-####]

**Continuation of Page 3**

Insured: [John Trust]

Policy Number: [999999988A]

Covered Insured: [John Trust]

Additional Benefit: (2) P45 - Flexible Premium Paid-Up Insurance Rider

Stipulated Premium Mode: [Quarterly]

**Flexible Premium Paid-Up Insurance Rider Premium Limits:**  
Minimum Annual Premium: [\$100.00] Maximum Annual Premium: [\$27,500.00]

**Schedule of Initial and Stipulated Modal Premiums and Death Benefits for Flexible Premium Paid-Up Insurance Rider,  
assuming premium payments are made at the beginning of each modal period.**

<b>Attained Age</b>	<b>Initial/ Stipulated Annual Premium</b>	<b>Death Benefit Amount</b>	<b>Attained Age</b>	<b>Stipulated Annual Premium</b>	<b>Death Benefit Amount</b>	<b>Attained Age</b>	<b>Stipulated Annual Premium</b>	<b>Death Benefit Amount</b>
[36]	[\$3,316.07]	[\$15,500.00]	[65]	[\$2,353.34]	[\$216,352.09]	[94]	[\$0.00]	[\$216,352.09]
[37]	[\$2,353.34]	[\$26,123.60]	[66]	[\$0.00]	[\$216,352.09]	[95]	[\$0.00]	[\$216,352.09]
[38]	[\$2,353.34]	[\$36,384.06]	[67]	[\$0.00]	[\$216,352.09]	[96]	[\$0.00]	[\$216,352.09]
[39]	[\$2,353.34]	[\$46,294.11]	[68]	[\$0.00]	[\$216,352.09]	[97]	[\$0.00]	[\$216,352.09]
[40]	[\$2,353.34]	[\$55,866.76]	[69]	[\$0.00]	[\$216,352.09]	[98]	[\$0.00]	[\$216,352.09]
[41]	[\$2,353.34]	[\$65,114.40]	[70]	[\$0.00]	[\$216,352.09]	[99]	[\$0.00]	[\$216,352.09]
[42]	[\$2,353.34]	[\$74,048.87]	[71]	[\$0.00]	[\$216,352.09]	[100]	[\$0.00]	[\$216,352.09]
[43]	[\$2,353.34]	[\$82,682.45]	[72]	[\$0.00]	[\$216,352.09]	[101]	[\$0.00]	[\$216,352.09]
[44]	[\$2,353.34]	[\$91,026.44]	[73]	[\$0.00]	[\$216,352.09]	[102]	[\$0.00]	[\$216,352.09]
[45]	[\$2,353.34]	[\$99,092.73]	[74]	[\$0.00]	[\$216,352.09]	[103]	[\$0.00]	[\$216,352.09]
[46]	[\$2,353.34]	[\$106,893.00]	[75]	[\$0.00]	[\$216,352.09]	[104]	[\$0.00]	[\$216,352.09]
[47]	[\$2,353.34]	[\$114,437.93]	[76]	[\$0.00]	[\$216,352.09]	[105]	[\$0.00]	[\$216,352.09]
[48]	[\$2,353.34]	[\$121,738.05]	[77]	[\$0.00]	[\$216,352.09]	[106]	[\$0.00]	[\$216,352.09]
[49]	[\$2,353.34]	[\$128,803.23]	[78]	[\$0.00]	[\$216,352.09]	[107]	[\$0.00]	[\$216,352.09]
[50]	[\$2,353.34]	[\$135,641.35]	[79]	[\$0.00]	[\$216,352.09]	[108]	[\$0.00]	[\$216,352.09]
[51]	[\$2,353.34]	[\$142,260.41]	[80]	[\$0.00]	[\$216,352.09]	[109]	[\$0.00]	[\$216,352.09]
[52]	[\$2,353.34]	[\$148,668.24]	[81]	[\$0.00]	[\$216,352.09]	[110]	[\$0.00]	[\$216,352.09]
[53]	[\$2,353.34]	[\$154,873.16]	[82]	[\$0.00]	[\$216,352.09]	[111]	[\$0.00]	[\$216,352.09]
[54]	[\$2,353.34]	[\$160,883.63]	[83]	[\$0.00]	[\$216,352.09]	[112]	[\$0.00]	[\$216,352.09]
[55]	[\$2,353.34]	[\$166,707.86]	[84]	[\$0.00]	[\$216,352.09]	[113]	[\$0.00]	[\$216,352.09]
[56]	[\$2,353.34]	[\$172,354.20]	[85]	[\$0.00]	[\$216,352.09]	[114]	[\$0.00]	[\$216,352.09]
[57]	[\$2,353.34]	[\$177,830.78]	[86]	[\$0.00]	[\$216,352.09]	[115]	[\$0.00]	[\$216,352.09]
[58]	[\$2,353.34]	[\$183,145.46]	[87]	[\$0.00]	[\$216,352.09]	[116]	[\$0.00]	[\$216,352.09]
[59]	[\$2,353.34]	[\$188,305.50]	[88]	[\$0.00]	[\$216,352.09]	[117]	[\$0.00]	[\$216,352.09]
[60]	[\$2,353.34]	[\$193,316.87]	[89]	[\$0.00]	[\$216,352.09]	[118]	[\$0.00]	[\$216,352.09]
[61]	[\$2,353.34]	[\$198,185.38]	[90]	[\$0.00]	[\$216,352.09]	[119]	[\$0.00]	[\$216,352.09]
[62]	[\$2,353.34]	[\$202,916.95]	[91]	[\$0.00]	[\$216,352.09]	[120]	[\$0.00]	[\$216,352.09]
[63]	[\$2,353.34]	[\$207,517.72]	[92]	[\$0.00]	[\$216,352.09]	[121]	[\$0.00]	[\$216,352.09]
[64]	[\$2,353.34]	[\$211,994.05]	[93]	[\$0.00]	[\$216,352.09]			

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TABLE OF VALUES

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[999999988A ]

For explanation, see Non-Forfeiture and Basis of Values Provisions. These values assume no policy loans and no credits resulting from dividends or paid-up additions. The values shown are based on the initial premium and stipulated modal premiums paid at the beginning of each modal period. Values for other dates will be furnished upon request

End Of Policy Year	Attained Age	Cash Value	Paid - Up Insurance
1	[36]	[\$3,301.50]	[\$15,500.00]
2	[37]	[\$5,761.30]	[\$26,123.60]
3	[38]	[\$8,307.94]	[\$36,384.06]
4	[39]	[\$10,943.00]	[\$46,294.11]
5	[40]	[\$13,670.04]	[\$55,866.76]
6	[41]	[\$16,491.52]	[\$65,114.40]
7	[42]	[\$19,408.21]	[\$74,048.87]
8	[43]	[\$22,422.65]	[\$82,682.45]
9	[44]	[\$25,535.65]	[\$91,026.44]
10	[45]	[\$28,746.80]	[\$99,092.73]
11	[46]	[\$32,058.28]	[\$106,893.00]
12	[47]	[\$35,472.33]	[\$114,437.93]
13	[48]	[\$38,990.26]	[\$121,738.05]
14	[49]	[\$42,622.28]	[\$128,803.23]
15	[50]	[\$46,371.71]	[\$135,641.35]
16	[51]	[\$50,236.42]	[\$142,260.41]
17	[52]	[\$54,216.33]	[\$148,668.24]
18	[53]	[\$58,306.65]	[\$154,873.16]
19	[54]	[\$62,506.51]	[\$160,883.63]
20	[55]	[\$66,809.84]	[\$166,707.86]
At Attained Age	[55]	[\$66,809.84]	[\$166,707.86]
At Attained Age	[56]	[\$71,213.31]	[\$172,354.20]
At Attained Age	[57]	[\$75,715.01]	[\$177,830.78]

Flexible Premium Paid-Up Insurance  
[\$15,500.00]

Issue Age: [35]